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ABSTRACT

This document describes 18 drug use prevention progams in metropolitan urban school districts in the following seven western states: (1) California; (2) Hawaii; (3) Idaho; (4) Montana; (5) Nevada; (6) Oregon; and (7) Washington. Each description outlines the level of commitment of each urban district, abilities within each program to collaborate with surrounding communities and multiple agencies, and ongoing efforts to assess and evaluate the progress of their efforts. The 18 programs include the following: (1) Berkeley (California) Unified School District (USD); (2) Fresno (California) USD; (3) Long Beach (California) USD; (4) Los Angeles (California) USD; (5) Oakland (California) USD; (6) Sacramento City (California) USD; (7) San Diego (California) USD; (8) San Francisco (California) USD; (9) San Jose (California) USD; (10) Hawaii State Department of Education; (11) Boise (Idaho) Public School District; (12) Billings (Montana) Public Schools; (13) Great Falls (Montana) Public Schools; (14) Clark County Nevada School District; (15) Washoe County Nevada School District; (16) Portland (Oregon) Public Schools; (17) Seattle (Washington) Public School District; and (18) Spokane (Washington) Public Schools. Also included is a list of Metro AOD (Alcohol and Other Drugs) coordinators. (JB)

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Western Regional Center
DRUG-FREE SCHOOLS AND COMMUNITIES

URBAN PROFILES IN PREVENTION

A Descriptive Summary of Prevention Programs in Urban School Districts in the Western Region

September 1991

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Western Regional Center for Drug-Free Schools and Communities

Far West Laboratory for Educational Research and Development

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Judith A. Johnson, Director
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URBAN PROFILES IN PREVENTION

This document was prepared to highlight the prevention accomplishments of metropolitan urban districts in the nine (9) western states served by the Western Regional Center for Drug-Free Schools and Communities. It is thought by many that the complexity of problems that plague urban schools require complex solutions. The variety of strategies summarized in this document reflect the diverse and multifaceted approaches currently being used in the urban districts.

Each of the descriptions/summaries contained within this document reflect the high level of commitment of each urban district and the ability to collaborate with the surrounding communities. Both are key factors to their success. In addition, the districts have also been assessing and evaluating the progress of their efforts to insure that strategies implemented are reaching their desired targets and having the desired impact on their students and other citizens in their communities.

In the area of policy development, many of these districts developed alcohol and other drug policies before the promulgation of the federal mandate in 1989. They found it useful to develop policies that address staff as well as students, train administrators to recognize alcohol and other drug abuse as a health issue, and adopt an emphasis on providing staff assistance rather than focusing on punitive measures.

It is important that these efforts continue. Given the shared knowledge that is now available about each of the districts, the opportunity exists to begin to take these collaborative efforts a step further. In a time of dwindling resources, it will become even more critical to work collaboratively and develop ways to strengthen and build upon our efforts. It is an ideal time to form regional urban district networks. Networks of this nature can serve many purposes including:

- Sharing ideas, innovations and common agendas
- Developing a focus on urban district strategies
- Devising methods for collaboration among districts
- Disseminating useful information on relevant issues and topics

The Western Regional Center suggests the formation of a special interest group consisting of Urban Alcohol and Drug Coordinators. This special interest group can serve a vital role in setting the stage and the tone for the direction of future policy, developing innovative plans and strategies, utilizing effective tools and fostering the spirit of working together.

Communication and cooperation that can result from such endeavors will only serve to bolster individual efforts and provide a useful forum that will mark the beginning of the formation of a strong voice that can address the concerns of all metropolitan urban districts.

CALIFORNIA

BERKELEY UNIFIED SCHOOL DISTRICT - BERKELEY, CALIFORNIA

The Berkeley Unified School District's Drug and Alcohol Prevention Program (DAPP) began in 1985 as a partnership between the schools and the Berkeley Police Department to provide a comprehensive drug prevention and suppression program for targeted Berkeley schools. The comprehensive program includes drug education, intervention counseling, a youth support service committee, teacher in-service training, a parent program, a school resource officer, a parent support group, and an audio visual library for drug prevention and intervention strategies.

Javane Strong is the Berkeley school district's Drug Abuse Prevention Program Manager. His duties include coordinating all alcohol/drug prevention and suppression activities within the school district. He also develops policy and grants; monitors contracts with federal, state, and county governments, foundations and corporations; oversees contracts with community-based organizations to provide counseling, intervention, and other at-risk services for youth; and coordinates with the City of Berkeley staff, and community-based organizations to develop and implement a comprehensive city-wide plan against drug abuse.

Strong says the district's prevention program began in 1985, when then City Manager Dan Bogan received an RFP from the State Office of Criminal Justice Planning, which called for a partnership grant between the schools and the police department to provide prevention/intervention services. Subsequently, this grant was received by the police department, which worked with the school district to draft the first grant.

Initially the district's prevention program focused on the 4th through 6th grade levels, which are considered intermediate schools in the Berkeley school district. These schools were selected because they are in areas identified by the Berkeley Police Department as having a high incidence of drug abuse, misuse, and/or drug trafficking. Additionally the program focuses on special populations in the K-3 level, where students are at high risk for early gateway drug use.

Strong says the driving force behind the program is the school board, which has implemented a new school policy that sets forth a mandate for drug prevention, suppression, and intervention within the school district.

The Berkeley Unified School district's comprehensive alcohol and drug policy was adopted in May of 1990. The policy particularly addresses the fact that school district personnel are mandated to refer and identify high-risk youth to school site intervention counselors who provide services. The policy includes prevention, intervention, control, and support. An-

other highlight of the program is that the district works in partnership with Thunder Road, an adolescent community treatment center, to p ide peer to peer counseling, a support group, teen speakers and intervention services for its young adolescents.

Additionally, the policy outlines procedures for prevention. This includes drug education and assemblies which focus on risk factors and youth who have been in a cycle of addiction — and suppression, which involves working in partnership with law enforcement, both in terms of school resource officers patrolling the schools, and effective intervention with at-risk youth. It also focuses on setting up care teams for each referred at-risk student, and offering a comprehensive intervention plan which addresses risk factors in the domains of school, community, peers, and the family. Strong says, "We feel that the main highlight of our district's alcohol and drug abuse prevention policy is that it encourages and supports teachers, students and school site personnel, and will help get teachers, students and school site personnel to make referrals to intervention folks at the school site who can help work with our at-risk students."

COLLABORATION WITH OTHERS

A prominent feature of the prevention program in the Berkeley school district is that it makes students aware of the need to get help as soon as possible. This is provided through drug education, presentations in the classroom, and drug assemblies conducted by peers who have completed the recovery process. As part of their aftercare, recovering students talk to their peers in an insightful manner about the dangers of drug abuse and how to get help. Prevention also includes making teachers aware of the signs and symptoms of abuse through in-service training. Once they have identified a youth in need of help, teachers are encouraged to make school site referrals to intervention counselors. The community-wide prevention process encourages teachers, administrators, parents, and students to seek help as needed. The district's role is to make resources, staff, and appropriate referrals (e.g., to treatment) available to youth in need.

The early intervention program includes a parents' support group whose members train other parents to become peer facilitators in the community. They work with their peers in a support group and inform them about the signs and symptoms of abuse, and how to obtain help through intervention counselors and other services. Parents undergo a four-session training utilizing a culturally sensitive, effective parenting manual which focuses on paths to success for each high risk student.

One effort that targets all groups is the City of Berkeley Blue Ribbon Task Force Against Drug Abuse. In this program a cross-segment of the community comes together to plan, develop, and implement city-wide strategies on drug abuse prevention. Youth are encouraged to participate on this committee and offer feedback on what they believe would be effective intervention with high-risk youth.

Strong says that extensive collaboration and partnerships with community-based organizations and agencies that serve youth in the City of Berkeley make his district's prevention

program unique. In the program, people work in partnership with each other to ensure that the maximum amount of services are being delivered to the students.

SUCCESSFUL STRATEGIES

These collaborative efforts have led to successful prevention strategies in the district. For high-risk 9-12 grade students, Strong has found that the most innovative intervention strategy is to match them up with a mentor who is fairly close in age. If the students are juniors and seniors in high school, the program tries to match those particular high-risk youths with college students who can inspire them and readily talk to them about issues and concerns that possibly an older person wouldn't readily identify with. "We find this is a very successful intervention strategy for working with at-risk youth of that particular age range," he says. For working with primary grade level youth, they involve four or five youths in a peer support group with a professional college-age counselor who works with students who may have problems, such as being children of alcoholic or drug abusing parents.

MEETING THE CHALLENGE

Strong says the main challenges his district faces is trying to create a state of the art program which meets the needs of a multi-cultural community. This includes having intervention workers who are multi-ethnic and have the skills and background to work effectively with the youth. His staff is also faced with the challenge of recruiting young, multi-ethnic males to work effectively with young African-American, Latino and Asian males within the school district in a peer to peer model. Another challenge the district program faces is fund raising. "At this juncture we'll have to rely more on corporate and foundation funding to augment or to replace existing funding that came from the federal and state level," says Strong.

"The last challenge I'll talk about briefly is effective community outreach work," he says. "We are addressing this issue by strengthening the partnership with parents and students who plan, develop and implement our drug prevention, intervention and suppression strategies. One of the key components is to involve parent groups and churches in our parent programs. We find it is very effective when youth participate in activities such as backpacking or other life skills development programs, or encourage their parents to chaperon or participate in these activities as an introduction to participate in our parent workshops and other parent prevention activities."

EVALUATING PROGRESS

Assessment of whether or not Berkeley high school students are using gateway drugs has been conducted at the 9th through 12th grade levels. Additionally, the district, in conjunction with Alameda County Office of Education and Far West Laboratory, has planned a pilot survey for grade levels 5 through 8 for next fall which will look at not only the use of gateway drugs among these grade levels, but also risk factors in the community, school and home. The district conducted a process evaluation at the end of last year which showed that risk factors decreased among the students who were in the pilot demonstration grant program. The staff was able to note a decrease in such factors as bad behavior in the classroom,

suspensions, and referrals for intervention. Strong says, "We have developed a framework which will be used to develop an instrument to survey the 5 through 8 grade levels of students in the fall. At the end of next year we'll have evaluation results which will demonstrate whether or not the program is meeting its goals of risk factor reduction and the increase of protective factors among students in the program."

FRESNO UNIFIED SCHOOL DISTRICT - FRESNO, CALIFORNIA

The Fresno school board's earliest substance abuse policy was adopted in the late 1970's. At that time the program was geared primarily towards alcohol prevention. Fresno's current substance abuse prevention and intervention program, established four years ago, focuses on alcohol and drugs, and targets students in grades kindergarten through 12. Administrators are attempting to expand the program to pre-school.

The program exists in all schools city wide, and the emphasis in most groups is on the average population — especially at risk students. The curriculum is designed to focus on students' attitudes towards drug use or abuse. During a one-day training session, staff members' attitudes are also examined in terms of personal values systems and how their personal beliefs affect their being role models and teaching the curriculum. The program is comprehensive, and ranges from working with school children in one on one counseling, to working with the children and their families, and working with the students in group situations.

Pete Summers is the Health/Drug and Substance Abuse Prevention Coordinator for the school board's prevention program. He is responsible for overseeing the funding, securing services for teachers involved in the program, helping them set up parenting workshops, and administering the Substance Abuse Prevention, Family Life Education, and HIV Education programs. He also helps with assessment services and provides information so that school programs can be evaluated.

Summers says area administrators were instrumental in launching the first drug and alcohol prevention program in Fresno's schools. Studies conducted throughout the district had shown that a tremendous amount of the student population was at risk for drug and alcohol abuse, pregnancy and dropping out of school, and needed early intervention efforts. This prompted an intensive effort toward drug and alcohol prevention about four years ago. "Everyone helped put (the program) together and get it through," says Summers. "Everyone worked closely with accounting and things along those lines. It was really a team effort."

The program currently in place is being revised, and a new, more comprehensive alcohol and drug abuse policy will hopefully be adopted by the end of 1991. The new policy will explore preventative measures for gateway drugs and harder drugs, and looks at different kinds of intervention and what can be done to help the student or child who is having a drug or alcohol problem. The new policy will continue to focus on early recognition in the early years.

Much of the Fresno Unified School District's present prevention program is classroom based and included in the normal curriculum. Other programs involve a collaborative effort between the schools and community and social service organizations. "We're trying to get a multi-tiered approach from looking at the classroom where the teacher's doing whole group instruction to where some of those kids might need to be pulled out," says Summers. "We're looking at small groups. We're primary interventionists. We're looking at community involvement, law enforcement involvement — we're looking at a whole comprehensive approach. We're not just looking at kindergarten through 6th grade. We're really looking at prevention all the way through life."

Beginning with the elementary grades, each child in the Fresno Unified School District goes through curricular programs in the classrooms, including the "Here's Looking at You 2000" curriculum for drug prevention. The district also participates in the K-6 program, which is headed by Fresno Tomorrow, an umbrella organization for many types of drug and alcohol abuse programs, and drop out prevention programs. The K-6 program, which is run through the Department of Social Services, focuses on keeping students in school, and teaching them good lifestyles and social skills.

Another program, Project SMILE, (Students Making Improvement in Living and Education), is a collaborative effort between Fresno Unified School District, California State University at Fresno (CSUF), and the California School of Professional Psychology (CSPP). Social work and psychology trainees from the two schools come into Fresno public school sites and help students at risk.

Peer counseling, which is children helping other children, is offered in middle school through high school. In this program, teenagers acquire counseling skills to help their peers. Children of Alcoholics is also a strong program in the middle schools. Comprehensive Youth Services, a private non-profit organization that does counseling, provides 150 counseling spots for the Fresno Unified School District on a contractual basis. Drug Alcohol Tobacco Education (DATE) funds are used to purchase their services.

Summers is presently using the Prenatally Exposed to Drugs (PED) program as a model to hopefully be expanded throughout the district. The PED program hires nurses to work with high risk youth who were exposed to drugs before they were born. "The nurses also work with teachers, the community and parents on techniques that can help these children get over a lot of their learning barriers," says Summers. The program also familiarizes teachers with how to work with this new population of children.

COLLABORATION WITH OTHERS

Several civic groups, outside agencies and corporations participate in the school district's prevention programs, including the Fresno City Police Department and the Guard Rotary — Fresno's Rotary Club. Because it is housed near one of the district's high schools, the Internal Revenue Service has also lent a lot of support, and has become actively involved with Roosevelt High School. IRS staff members come to the school to serve as positive role models and also sit on the drug free school zone coalition in that area.

Special events and activities such as "Red Ribbon Week," which culminated in 5,000 school children attending a rally, link the program with the community, major corporations, and other school districts. Camp Self Esteem is another activity that the community participates in. Middle school youth who are at extremely high risk attend a camp in the Sierras for a week. People from the community spend time with the children and participate in activities there, including one to one counseling.

This is indicative of what Summers thinks distinguishes his district's drug policy programs from other districts — collaboration. "I'd say what's unique about our (program) is that we are really starting to have wonderful results with community collaboration. Our contracts with CSUF, CSPP, Comprehensive Youth Services, Olive Street Bridge, the Community Hospitals of Central California — all the agencies that we're dealing with — is terrific." Summers says that, as a person working with the school district, he feels very comfortable asking community based organizations for help. He says the response has been great. "I think that's where we're seeing a good comprehensive approach. "We're starting to make a dent with the parent population and getting through to our parents. We're starting to see these cohesive units bonding. And that's what I think is unique about the program."

Another feature that Summers finds unique is that the district addresses all of its ethnic groups. "We represent over sixty languages, but our major languages are Lao, Cambodian, Kemeer, Mong, and Spanish," she says. To ensure that the target population understands the materials, the district produces and disseminates literature in all of the different languages. At workshops where parents are involved, translators are provided.

SUCCESSFUL STRATEGIES

According to Summers, successful strategies for the entire program lie in community involvement, and letting people know that the program staff is there to serve them. The program has seen good results with parent participation. There has been a great turnout for parents at meetings, and so far Summers says that 363 Fresno Unified School District at risk students and their families, have come in for counseling services. District staff are also constantly training parents and leaders to do parent workshops. "When we work with parents, one of the things we stress is the attribute of being a role model," says Summers. "The role model is the strongest model for a child to follow. They follow the adults they love and hold dear."

MEETING THE CHALLENGE

Fresno is a culturally diverse, multi-ethnic community that represents about sixty languages, with immigrants being the fastest growing segment of the student population. Mexicans, Southeast Asians, South Americans, and people from Russia, India, Pakistan, and Central America represent many of the nationalities of children attending Fresno's schools.

Summers says it is a challenge to be sensitive to such a large number of diverse cultures, but he feels the district is succeeding. Another problem that the district's prevention program faces as Fresno's population grows is that the student population is growing faster that the district is able to keep up with — approximately 3,000 students per year, or equivalent to

three or four elementary schools. Often these immigrant students are from lower income groups and may not speak English. Needless to say, these children require special services, and even more when risk factors such as substance abuse, dropping out of school or early teen pregnancy come into play.

All of this is tied directly into funding, which Summers says is also not keeping up with the growing student population. He points out that it is important to remember that a comprehensive drug and alcohol plan should incorporate all kinds of programs and activities for children to participate in, including after school sports, clubs and other things that bond children to the schools and make them interested enough to want to participate. "When the resources shrink, it affects everything. Kids start floating away from the schools and the program because there's nothing for them to do," says Summers.

EVALUATING PROGRESS

To measure how their program is faring, Summers says they conducted a student drug and alcohol survey, which questioned students about their drug usage and their attitudes toward usage. The students were also asked whether they felt safe at home and at school, and other questions about their general well being. Summers says he is seeing an increase in feelings of safety and a decrease in drug usage among students. He is also evaluating each individual prevention/ intervention program in the district, such as 2000, Project Smile, and Comprehensive Youth Services. "We're making sure that we're trying to get the most amount of energy for our dollar. Everything is trying to get the stretch out of the dollar, so we are continually doing an evaluation process for everything."

Summers would like to see future drug prevention education programs employ a more integrated, holistic type of approach. He sees drug prevention education as a solid, comprehensive program that addresses social skills, disseminates information, and gives children bonding activities, high self-esteem and a feeling of well being in the classroom, school, community and in the family. "Those are good living skills messages... trying to get everyone into good healthy lifestyles so that they can get the best potential out of their lives. That's what comprehensive health needs to be. It needs to have a certain faction of drug prevention, but it needs to be woven in with a lot of other things. You can't separate it all."

LONG BEACH UNIFIED SCHOOL DISTRICT - LONG BEACH, CALIFORNIA

Most of the programs in the Long Beach Unified School District were initiated by a district program specialist who developed proposals From local, state, and federal funding agencies. The proposals were successful and secured funding for several needed programs to the district, beginning with the Drug-Free Schools and Communities Program in 1985. The program was supplemented in subsequent years with funds from Comprehensive Alcohol and Drug Prevention Education (CADPE) out of the Office of Criminal Justice

Planning (OCJP), and Tobacco Utilization Prevention Education (TUPE) from the California Department of Health Services.

The Long Beach school district presently has several programs in place. The Drug Suppression in Schools Program has been in existence in the district since 1985; the Gang Suppression in Schools came soon after that; the Drug-Free Training Program was installed in 1989, and Drug.Alcohol.Tobacco.Education. (DATE) began in 1990.

The district's prevention program places heavy emphasis on high-risk youth in grades kindergarten through 12, with different components focusing on different grade levels. For example, the Drug Alcohol Resistance Education (DARE) component of the Drug Suppression in Schools Program focuses on grades 5 and 7, while the peer counseling component of that program focuses on middle and high school grades. The OCJP's CADPE funding of the DATE program focuses on grades 4-6, and the Drug-Free Training Program focuses on educational personnel at the secondary level. In addition to DATE, the district has two grant programs one state and one federal specifically geared to drug use prevention.

The Drug Suppression in Schools program emphasizes prevention efforts through the implementation of the DARE curriculum. The program's intervention efforts employ peer counseling and a drug intervention counselor who leads a team at each high school and middle school. These teams take referrals, gather data about the child's behavior, meet with the children and parents, and suggest appropriate referrals such as weekly support groups. The teams also coordinate Red Ribbon Week activities, conduct noon forums for students on special topics, and coordinate the peer counseling program.

The Drug-Free Training Program is funded through the U.S. Department of Education's Educational Personnel & Training Grants. This program provides monthly training to volunteer teachers and other education support personnel at the secondary level. Participating teachers comprised a core group of 50, and include drug intervention team members and peer assistance training teachers.

There are many other added components that enhance the district's prevention program, including supplemental funding, site-based drug intervention counselors and their teams, and a district faculty and staff dedicated to helping youth.

The district also has a comprehensive substance abuse prevention policy, which it is trying to gear more towards help programs, rather than punitive or disciplinary solutions.

Fred Kimbrel is the school district's Coordinator of Gang/Drug Suppression. He is responsible for running the district's prevention program, which includes the Drug Suppression in Schools, the Gang Suppression in Schools, the Drug-Free Training, and the city gang prevention programs.

COLLABORATION WITH OTHERS

Kimbrel says that his district's prevention program has many features that are unique to other programs. There is extensive coordination between interagencies, cross-age programming, a crisis intervention plan at each site, and a drug intervention counselor at each site

who heads up a team of skilled personnel knowledgeable in working with youth who have substance abuse problems. The district also collaborates with local hospitals, treatment programs, civic groups, health services, the juvenile court system, local law enforcement, the media, PTA, volunteer groups, and the state and national Peer Helping Associations. Kimbrel says that although not all populations in the community are represented, many are well represented. Program components are adapted to meet the needs of particular groups that are involved, in order to ensure success. Staff is predominantly involved through training. Students receive curricular education, and participate in peer counseling, and support group activities. Parents are involved in the program through educational programs.

MEETING THE CHALLENGE

Kimbrel says the program is not without a few challenges. Communication barriers with parents present a huge obstacle, as well as the lack of transportation available for parents to participate in program activities. In response to these challenges, the district has developed an entire office that provides support to these programs, as well as other district programs, such as translating materials and presentations in other languages representative of the student populations, and providing aids to make calls and home visits.

Another potential problem is funding. Kimbrel fears that if grant funding is eliminated, it will cause his entire office to also be eliminated. He believes that the DATE program may pick up some of the provision of services, but the district will not be able to support all of the program activities.

EVALUATING PROGRESS

The district's prevention program is evaluated by an initial and follow-up needs assessment conducted on the staff for each training session. An evaluation of the DARE program was also conducted over the last two years. Comparison results will be made soon. Kimbrel believes that his district's program has made a difference and that substance abuse in the city of Long Beach is on the decline.

LOS ANGELES UNIFIED SCHOOL DISTRICT - LOS ANGELES, CALIFORNIA

According to Dr. Ruth Rich, Instructional Specialist, Health Education and Director of Drug-Free Schools Programs and Special Entitlements with the Los Angeles Unified School District, there has always been some element of drug and alcohol prevention in her district's health program. In the 1960's, she says, emphasis was mostly on education. The district currently has a comprehensive health program that requires a course for students in the 7th and 10th grades that includes information about substance abuse. In the early grades, the program concentrates on drug safety and social skills behavior relative to gateway drugs. Drug-Free Schools funding has assisted the district in making its prevention efforts more widespread and greater in scope to include no use policy implementation which offers school based early intervention, student support groups, and parent involvement.

COLLABORATION WITH OTHERS

Because the program is school-based, activities are implemented at the classroom level, with parents and students actively involved. Parent support groups operate at some schools, and parent education is conducted through the Impact, and Drug Alcohol Resistance Education (DARE) programs. This year the school district is also implementing a parent education series that will air on local television.

Student participation in the program includes peer programs, and taking an active role in program development. Last year, students at 20 schools in the district developed a series of anti-drug media spots through the Tobacco Utilization Prevention Education (TUPE) program. The students will repeat that activity this year.

In addition to students and parents, different agencies in the community are involved with the district's prevention program. Dr. Rich says that her district's program collaboration with the Los Angeles County Drug and Alcohol Program Office (DAPO) includes a partnership with over 80 agencies, including ones that target minority groups in alcohol and other drug use prevention. Among other things, these agencies help lead support groups on campus. There is also a collaboration with the American Heart and Lung Associations in the tobacco prevention program.

Dr. Rich was instrumental in initiating and maintaining the district's current prevention program. However, in the 1960's the community was very much involved in the initiation at a grassroots level, and the California alcoholism agencies also participated with the district in developing a program. Later the Drug Alcohol Resistance Education (DARE) came to the district in 1983.

Dr. Rich is responsible for comprehensive health education in grades K-12; and implementation of the district's substance abuse program, including policies and procedures, and prevention and early intervention programs.

Since 1986 the Los Angeles Unified School District has had a comprehensive alcohol and other drug abuse policy. Dr. Rich says this policy is required by Drug-Free Schools funding. The policy addresses all the components of the district's program — enforcement, prevention, support groups, follow-up, identification and referral. It is a policy that sends out a no use message and offers help.

Every grade level is involved in the district's school-based prevention program. It targets prevention through identification of high risk youth at the elementary schools. Dr. Rich says there is special focus on particular grades and student populations.

"And it is rapidly changing," she says. "First the focus was on high school students (our Impact Program); then junior high school students. When the (Comprehensive Alcohol and Drug Prevention Education (CADPE) and Tobacco Utilization Prevention Education (TUPE) funding were made available, we put more focus on grades 5 and 6. Drug-Free Schools funding is not enough," she says.

The prevention program involves a social skills approach, and includes law enforcement (DARE and SANE), teacher-led prevention, parent education, Drug Alcohol Tobacco Education (DATE) coordinators at the elementary, middle, and high school sites — and the 2nd STEP, Discover Skills, and TUPE programs. The district's early intervention program includes Impact at the junior and senior high schools, and on-site counseling by social workers at the elementary schools.

As an urban district, high risk youth are a special focus, and the district even has bilingual social workers available at the school sites. There is also a drugs and gangs focus. The district staff and students have seen the violence and high risk behavior, and have had to direct programs to deal with this problem sensitively. Community agencies operate at the local level and the program also emphasizes cultural sensitivity.

SUCCESSFUL STRATEGIES

Dr. Rich believes that several elements go into making her district's prevention program unique. The program is contained within a comprehensive health education model and has a good social skills approach; it targets the elementary school grades; it has an effective delivery system; it is school-based with teacher buy-in; and it has police department involvement (DARE and alternatives to substance abuse). Dr. Rich also believes that the program has had a significant impact on the reduction of usage.

EVALUATING PROGRESS

The district participates in the California Statewide Survey of Student Substance Use. They also keep statistics on the incidence of abuse and acts of violence on campus. The TUPE program also includes a student survey. The district uses an outside evaluator to examine the effectiveness of the programs.

Dr. Rich says that the Los Angeles Police Department's Undercover Buy Program has data that shows a reduction in incidents. The dropout prevention program reports a decline in the dropout rate. The primary crime statistics show a 15% reduction from the previous year. There is a decline of arrests for use and possession on campus — Dr. Rich says it was 240 in the spring of 1984 and 120 in the spring of 1990 — which represents a 50% reduction. The district has referred 8,934 students to its Impact student assistance program. The California statewide student use survey also showed less alcohol consumption in grades 7, 9, and 11. All in all, these findings sound quite encouraging.

OAKLAND UNIFIED SCHOOL DISTRICT - OAKLAND, CALIFORNIA

The Oakland Unified School District's Comprehensive Health and Safety Plan (CHSP) is a result of Superintendent Richard P. Mesa's desire to address the life circumstances of student and their families — circumstances that put students at risk of failing in school. Paul Brekke-Miesner, Program Manager of the CHSP, says, "We're talking about putting programs on-line that help students and families successfully solve their problems and help

them move to the point where academic achievement is a possibility." In the same breath Brekke-Miesner explains that for many students, some of the programs are focused on the reality of survival.

Brekke-Miesner is responsible for initiating program ideas in concert with other programs in the district. He must constantly come up with program ideas, find funding, implement the programs — and more importantly — monitor the programs. "What we've been trying to do is continually monitor the programs on-site over the course of the year, and in many cases we made some mid-course adjustments. When we saw a problem, we dealt with it right away," he says. One of Brekke-Miesner's primary efforts, now that programs have been launched, is bringing together a major evaluation vehicle. He says his program also needs to work more aggressively with fund raising in the private sector, but those problems are small in comparison to what his district has achieved in the area of prevention/intervention programs for its schools this past year.

The district's prevention/early intervention program is comprehensive and multifaceted. "Our efforts run the gamut from the law enforcement end all the way to the prevention end," says Brekke-Miesner. One focus is on two prevention curriculum pieces instituted this year. One embraces all of the elementary schools in the district, and the other is geared to only target elementary schools and junior high schools.

Brekke-Miesner says the district has instituted the DARE program in collaboration with the Oakland Police Department, which has provided 8 uniformed officers, to help implement the Drug Alcohol Resistance Education (DARE) curriculum in every elementary school this year. They are also piloting a new life skills curriculum that's entitled Discover Skills for Life, in 13 schools. The district has expanded its conflict mediation program this year, and the peer panel conflict mediation model is being utilized in four high schools and three middle schools. The school board recently provided $100,000 to train elementary school staffs in the curriculum based model conflict mediation program. This year the district has also instituted a program that they hope will, in years to come, have a dramatic impact by reducing drop out rates, and improving academic performance. That is the social work case management program which they have piloted this year in fourteen K-12 schools.

Social work/case management employs full time case managers at school sites to do student-family needs assessment, individual, family and group counseling, referral to resources in the community and case management follow-up to a small caseload of anywhere from 25 to 30 clients at one particular time. The idea is to, through the student consultation team at school sites, identify students with particular needs, and with a family intervention model, try and reach some conclusion to the problems, and bring in needed resources. Brekke-Miesner says that the key to understanding case management is that a large number of students in the district are what he calls "multiple agency involved," and come from multiple agency involved families. This means that the students and their families are involved with a number of agencies including the police, social services, child protective services, and other non-profit agencies.

Teens on Target, a peer education program, is also being funded this year. Brekke-Miesner hopes that the program will expand rapidly. "We take at-risk high school students and train them in a number of health related issues including, AIDS, street and domestic violence, and gun prevention. When the students complete the training, they make their own videos and go back to the classroom and discuss these issues with their peers. One other program that the district is funding this year is an after-school math and science tutorial program at selected school sites.

COLLABORATION WITH OTHERS

The Oakland Unified School District represents a broad cross section of multi-racial, multi-ethnic students, which include a large number of African Americans, Asians, and Hispanics. Brekke-Miesner believes that the only way the district's program can make an impact is through collaboration, and says his staff is actively involved in working with the county and the Mayor's Office on a pilot program they hope to initiate next year called "Schools as Community Centers". He hopes to bring to the schools this comprehensive program, which marshals the resources of various public and non-profit agencies and the community. "We attempt to include parents and students as much as we can in discussions about what we want to implement, and how to monitor and evaluate the program," he says.

Parents, teachers, students, administrators and non-profit agencies were all involved in the plans for the project from the beginning. They all had major input and were included in discussions about the kinds of needs each school campus had. "I think that the comprehensive health and safety plan on the campuses now is a direct reflection of the input from a very diverse group of people," says Brekke-Miesner. "I would say a real bedrock of the health and safety plan is working with the city and the county to come up with the collaborative model that means something beyond those words."

Brekke-Miesner believes that his program's uniqueness lies in the district's willingness to take some chances. They recently funded a parent/grandparent support group that included some schools that didn't traditionally have much parent involvement. "We decided to, among other incentives, put in a scholarship that would pay parents for their successful participation in the program. When the parents came in, they talked about common problems, we brought in a child psychologist who talked about such things as age appropriate behavior, parent-school bonding, conflict resolution, and a variety of topics that would hopefully help parents help their children and encourage the parents to get more involved in the school."

SUCCESSFUL STRATEGIES

Brekke-Miesner is excited about all of the district's programs, but is particularly pleased with the parent and grandparent education and support group. The group came about as a response to an ever-increasing number of grandparents who are raising yet another generation of children, and in many cases are ill-prepared to do so. "It is a different generation, different problems, different needs, and this program really took that issue head on. We saw

after eleven weeks, parents involved in the school that have never been involved before. I think we need to do much more of that."

"I'm also very excited about the potential for the Peer Education Program. Students are the most readily available, cost-effective, impactful resource we have but we don't utilize them enough. We've seen some impact from that program and I would like to see that program grow dramatically in the years to come."

Oakland's rapidly growing and changing racial and ethnic populations present a continually shifting picture that the district tries to respond to pro-actively. "This is an incredibly difficult job and I don't think we are yet grappling with it successfully, but we are grappling with it," says Brekke-Miesner. The district funds a diverse group of programs that he believes are at least ethnically matching the population that is served, in the language needs. "We are beginning to address it but we've got a long way to go."

EVALUATING PROGRESS

The district did a survey about two years ago at selected school sites on the use of drugs, alcohol, tobacco, and inhalants. The survey was a cooperative research project between the county social services agency and the school district. Brekke-Miesner says it is also interesting to note that they have just reached an agreement with the University of California at Berkeley's School of Social Welfare to undertake a major evaluation of the comprehensive health and safety plan in cooperation with the district.

The raw data is presently being collected. The outcome will not be measured until enough time is allowed for the programs at the school sites to become settled in. Brekke-Miesner says they are already seeing some noteworthy impacts, although it will probably be another year before they can truly measure the outcomes of these programs in any meaningful way.

Brekke-Miesner believes that over the next five years the success of public education could well be measured by the human service programs that are involved in that district, and what role they play. "In five years I would hope that the vast majority of schools in the district have a full time social work/case manager, a conflict resolution program, and other programs to tackle the whole life circumstance question. I also hope that we see schools as community centers. What I would like to see in five years are key centers in every area of the city, either based on a neighborhood elementary school model or a middle school model, where we have city, county, business, and non-profit agencies providing services around the clock, a full gamut of programming from law enforcement all the way over to prevention and recreation — you name it — would be school-based."

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT - SACRAMENTO, CALIFORNIA

Prevention efforts in the Sacramento City Unified School District began in 1969, when Kimball Salmon began the Anti-drug program. District staff started writing their first grant in 1970 and received a federal grant in 1971. The first project monies were spent on contracts with Aquarian Effort counselors in each high school and about five middle schools. Kimball says that they were a tremendous resource and very effective in reaching students. The counselors also helped parents and staff to understand the problems of the students. The counselors conducted assemblies and also met with students one-on-one, on a walk-in basis.

Charles Matus, now Asst. Superintendent in West Sacramento, coordinated a variety of funded projects from 1972 into the early '80's. SAPs have naturally grown out of these initial projects. Most of the district's high schools and half of its middle schools have trained teams that meet regularly. The teams function steadily, helping students on an individual basis, in support groups, and through peer counseling. This year the district hopes to have all high schools and middle schools supported with training for their teams and staff, and support groups for the staff facilitators.

In elementary there are pilot SAP projects in their second year, and the district expects to implement four more this year. This summer, in conjunction with CSUS, the district conducted a Summer Institute for its elementary classroom teachers in the pilot schools. This institute was intended to heighten awareness of the effects of parental alcohol and drug abuse on children,and how these students manifest those effects. In short it was a preparation for SAP involvement.

SAP will be the core of prevention/intervention at each school site. All of the prevention/intervention services will branch out from the core team. There will be support groups for students, parents, and staff who would benefit from group discussion. If there are services needed by students and their families that are not available within the district, there will be outreach into the community, and referrals will be made to appropriate agencies or services.

COLLABORATION WITH OTHERS

Salmon says, "If our vision is realized we will have a Community Assistance Program (CAP), that would reach our students in every facet of their lives. Here is an example of how CAP would work. A student is identified as having some behaviors of concern. Through the SAP process the team and students and parent decide that the student could benefit from on-going counseling. The counselor contacts a community agency that does free counseling. As part of a trade for services, we ask what services the agency could use. For instance, if the agency needs an exterior paint job, we could enlist high school students that need to accrue community service credits to paint the agency exterior. The materials could be provided by a community business that is involved on our advisory board and the students could receive a free lunch from one of the restaurants in the neighborhood. These businesses have been more than willing to provide rewards to youth involved in progressive projects.

We expect this project to take 5 years to mature to the point of being a fully functioning CAP."

SAN DIEGO CITY UNIFIED SCHOOL DISTRICT - SAN DIEGO, CALIFORNIA

The Drug Abuse and Narcotics Education (DANE) program, begun in the sixties, was the San Diego City Unified School District's first drug prevention program. Carolyn Morris, the district's Student Services Instructional Team Leader, says the district was instrumental in initiating the prevention program and has financially and philosophically supported prevention programs in the schools from the very beginning. Morris says that this pro-active attitude gave the district a head start in preventing unhealthy behaviors among its students. It also promoting decision-making skills and attitudes based on good information.

The district has a comprehensive alcohol and other drug abuse policy. It is currently in the process of developing a smoke-free district policy, which Morris says will prove to be quite a challenge. The highlights of their current policy include the voluntary drug-testing program and procedures for referring students to core teams and providing referrals for support services.

There are many components of the district's prevention program, including but not limited to the Social Concerns Program which grew out of the earlier DANE Program. It provides health instruction and counseling services at the elementary and secondary levels, and includes classroom presentations on sex and drugs. With the addition of the Elementary Social Concerns program, comprehensive health education was provided for grades K-6. These services are available to all K-6 students, with no special focus on any particular grades or students. Additional DATE money has enabled the district to expand its program so that presently all grades K-12 are involved in alcohol and other drug prevention programs.

In her multi-faceted role, Morris, along with her administrative and leadership staff, guides the programs, networks with community organizations, serves as an advocate for the program, ensures compliance with grant regulations, convenes with the advisory committee, provides leadership to staff, monitor the budgets, works with principals on implementation of site-based activities, and allocates resources.

She and a committed staff who are well trained in prevention strategies are the driving force behind the success of the program. These staff members either provide training to teachers, or teach the educational programs themselves. Counseling and nursing staff provide follow-up support activities at each school site.

Drug Alcohol Resistance Education (DARE) is provided to students in grades 5 and 6, and Kisses encourages students to pledge to remain drug-free. "I'm Peer Proof" is another educational program for students in grades four through six. Psychology of Effective Living is a popular elective for students in high school.

The district's intervention program consists of four components: aftercare recovery groups for students who are returning for treatment of alcohol and other drug abuse, on-campus support groups for students provided by district counselors, the piloting of a student assistance program, and the agreement of students who have been involved with drug use to see a Social Concerns counselor.

COLLABORATION WITH OTHERS

The district collaborates with many community groups to implement its programs. Local treatment facilities assist with the provision of aftercare groups. The Camp Fire Council provides lessons in positive peer and parent relations. The police department implements the DARE program. Family counseling is provided for cluster schools by MFCC interns from the counseling department at San Diego State University. Additionally, collaboration is done with local hospitals and universities. Collaboration efforts are inclusive of special populations.

Morris says that there are several aspects of this urban district's program that makes it unique. "The fact that the district has funded prevention efforts for so many years is certainly unique," she says. With such district commitment, the program has been able to provide for staff and administrator training. This training has lead to commitment on the part of the principals, who in turn have been willing to commit additional site money to help support the prevention services. All of this commitment has lead to a program that is well supported by staff and is coordinated and integrated with other district programs.

SUCCESSFUL STRATEGIES

Several strategies that have been found by the district to be successful including support groups for children of alcoholics, the aftercare recovery groups for students returning from drug treatment, counseling services for secondary students, and support groups for at-risk students. In addition, the district has a successful elementary counseling center program which emphasizes prevention and the development of decision-making, and problem-solving skills.

MEETING THE CHALLENGE

The main challenge faced by this urban district is the endless societal issues over which the schools have little control. To deal with this problem, the school district has maintained an emphasis on nursing and counseling services in order to help students prepare to learn. The district has also developed agreements with social service agencies at one school site to provide coordinated services to students.

Another problem is that the uncertainty each year as to the level of funding impacts the district's program by preventing the ability to do long-range planning. The district is continually seeking supplemental funding, because even if resources remain constant, the increasing number of recipients requires those resources to be continually increased. When funding is reduced or eliminated, trained personnel are lost, program momentum stops, and start-up activities must be duplicated each time.

EVALUATING PROGRESS

Students participate in national and local surveys on student use of alcohol and other drugs. The staff is requested to provide feedback on educational programs provided to students. All of this information is used to assess program effectiveness and plan for future activities.

Morris says that there is certainly evidence that attitudes toward drug use have changed, as well as evidence suggesting that drug use is declining as a result of the district's programs. Specifically, more students are valuing healthy lifestyles, there are fewer referrals for students smoking on campus, and students are expressing the impact the program services have had on their personal lives.

SAN FRANCISCO UNIFIED SCHOOL DISTRICT - SAN FRANCISCO, CALIFORNIA

Beverly Bradley is Supervisor of Health Programs with the San Francisco Unified School District. She is responsible for overseeing all of the health education and health services in the school district, as well as all of the programs that are related to drug, alcohol and tobacco prevention, intervention, referral, and assessment. The district's school-based prevention program is the result of the Drug-Free Schools and Communities Act. Although Bradley says the district has a drug and alcohol prevention/intervention curriculum for grades kindergarten through 12, Bradley says that the program particularly targets grades 4 through 8. "Our philosophical belief is that you get more for your money in prevention in upper elementary and middle school. That's where our prevention efforts are focused, so we're focusing on 4, 5, 6, 7, and 8, but with heavy emphasis on 4, 5, and 6 in prevention programs — then phasing in more intervention programs as the kids get older. Because we failed at prevention, we have to have intervention, she says."

Bradley says the district has a written drug and alcohol prevention policy, but at this point she does not judge it to be comprehensive. "It will be (comprehensive) by October 1991. That's our commitment — to have it done by October 1991," she says. The district is now in the process of examining and updating policies related to students' use of drugs, and making sure that it includes prevention and intervention, and not just punitive responses. "Were working on that now with our Pupil Personal Services Department — we're working to bring them up to speed," she says.

Bradley believes that presently the district's prevention program is primarily instructional, begins in kindergarten, and is very intensive up through grades 8. It is then contained within 10th grade, and "scattered" throughout the remainder of high school. The instruction, which Bradley considers the primary tool in prevention, is concentrated with the younger children. The curriculum "Here's Looking at You 2000" is used in the elementary schools, grades K-5. Bradley says the curriculum had to be modified to make it appropriate for the ethnicity of the school district's population. "Our population is 85% non-white, and we have to make sure that all of our communication that goes home is in a minimum of four languages, and

sometimes more. So, the primary focus on prevention is through instruction. The other aspect of prevention is looking at the modeling of the adults in the workplace."

Bradley says the district is just beginning to implement intervention programs with new grant money, and is able to begin focusing on the middle schools. "In eight of our middle schools, we have early identification and intervention referral programs with student assistant teams on those eight campuses, who have had special training on how to do the early identification, how to do an assessment, and how to make referrals. There is also a prevention council that links students and their families to agencies in the community that provide services.

In half of the middle schools, there is also an intensive and comprehensive program in place, courtesy of a three-year grant from the state's Office of Criminal Justice Planning. "We purposely have (the program) in half of the schools so that we can use our measurement devices to see if it works, and then of course, after we have proven that it works, we hope to obtain funding so we can have it in all of our middle schools." Another program that the district offers in all of its middle and high schools is what Bradley describes as "kind of half-way between prevention and intervention." That is the peer resources program, which uses students as teachers, role models, and counselors. "We have that in all of our high schools and eight of our middle schools, and we're looking at expanding that to some of the upper elementary grades as well.

One program that was in place prior to Bradley's arrival in August of 1989 is a collaborative program with San Francisco Police Department. This program, funded by police department drug asset seizure funds and funds from a variety of entitlements, is a curriculum that is presented to grades K-5 by both police officers and the teachers. The teachers and police officers sign a contract as to which lessons they will present. Bradley says it is probably one of the district's most successful prevention programs, and is very well received. Parent involvement is another component of the program, which has had the longest history in elementary school It has now been expanded to middle school, and as there has been additional funding that directs a focus to different age groups, the district is also looking at the high schools.

Bradley says the district also does a lot of teacher training, special training of middle school staff, student involvement, and parent groups involved in early identification and intervention, as part of its prevention/intervention program.

MEETING THE CHALLENGE

Bradley says that it is a real challenge to get all of the racial and ethnic groups represented in the program, because San Francisco has such a diverse population. "There is no majority here. We're all minorities, which is kind of fun — that's the charm of the city, and half the reason I'm here," she says. Bradley believes that the biggest challenge of putting any program into San Francisco is trying to make the program really meet the needs of the clients, who represent a diverse, multi-racial, multi-ethnic population. Bradley says that in order to reach the students where they live, the program has to reach the community leaders. This

is difficult, she says, because of busing in the district. Schools are attended by students from various parts of the city, so there are no real neighborhood schools. "You can't target neighborhoods at school, and that's an incredible challenge," says Bradley. She says the district is experimenting with the concept of having service centers at schools and having "one stop shopping" and family service centers. She is not so sure how that will work in an area where many of the students do not live in the neighborhood of the school. Presently she is working with people from many community based organizations to find answers.

"We work very closely with Dr. Wayne Clark, who is the County Substance Abuse Coordinator with the Health Department," says Bradley. She also works with the Drug, Alcohol, Tobacco Education Advisory Committee, a local coordinating council, and the San Francisco Police Department. She says she has tried to make these collaborative efforts be truly reflective of the population that it serves. "I think the place where we are deficient is with having young people represented. I think that is a deficiency that we have and we're going to try to address that next year," she says.

COLLABORATION WITH OTHERS

Bradley is quite pleased with her program's police collaborative program, which she feels has elements of equal quality to that of the Drug Alcohol Resistance Education (DARE) program, in that teachers are brought more into the program. In the elementary schools, police help teach the "Here's Looking at You 2000 curriculum to elementary school children. The children get a core of lessons, after the teachers and police officers make a contract at the beginning of the year about who is going to teach what lessons. Teachers have the freedom to add even more lessons. The equipment and all the materials are provided at the schools. Along with that, the district has subcontracted with a group called the Center for Human Development, which has put together an accompanying parent component that helps parents understand what their children are doing in the classroom.

The center has translated all the materials into several languages, which allows the parent meetings to go on in four or five languages, simultaneously. Bradley says the program is very well established and fuses the schools with the community.

The other component of the police program is that every middle school has 48 hours of uniformed police time per month. That cost is split with the police department. The police officers are specially selected and trained to work on prevention with the principals of the school sites. Bradley says that the police are not "narcs" or there to arrest the students. "They're uniformed, their presence is visible, and they work with the principal and perhaps they're going to work on the periphery of the campus where they know trafficking is occurring — maybe work with where they know there's potential for violence, or where they're anticipating or aware of gang related activities, going into the classroom talking to individual kids," she says.

EVALUATING PROGRESS

Bradley says that soon she will have the results of data collected from middle and high school students about their health risk behaviors, including drug, alcohol, and tobacco use.

The instrument used, developed by the Center for Disease Control for high school students, is being administered nationally. The instrument was modified by the district to make it appropriate for middle schools, and administered at the end of this last school year. It asks questions about knowledge, attitudes and behavior related to all the health risks, and is particularly centered around drug, alcohol, tobacco and sexual behavior. In the middle schools, the program is using the information to compare the knowledge, attitudes and behavior of the students who are involved in an intensive early identification intervention and referral program, to those eight schools that don't have it. They plan to administer it in the high schools next year.

Bradley also plans to target educational programs not only in the drug area, but also to suicide prevention, seat belt use and accident prevention, and nutrition. "That's part of my vision," she says. "That we'll be able to address all the high-risk behavior and really focus in on those generic skills the kids need. I hope that nationally, that's what happens. I hope we will figure out that in order to make good decisions about health, there are some generic skills all need. We can teach those skills. This makes more sense than programs that publicize problems."

SAN JOSE UNIFIED SCHOOL DISTRICT - SAN JOSE, CALIFORNIA

A reorganization in the San Jose Unified School District gave Marsha Wadley many responsibilities as well as challenges. Wadley, a licensed psychologist and administrator, who has worked in education for 25 years, is the district's Manager of the Department of Student Wellness, and Drug Alcohol Tobacco Education (DATE) Coordinator for 28,000 students in 40 schools. Wadley is responsible for all drug and alcohol prevention and intervention efforts in the district.

San Jose Unified has been receiving Drug-Free Schools monies for the past three years. Prior to about a year ago, prevention of drug and alcohol activities was done on a part-time basis, with focus on activities such as Red Ribbon Week, Quest, and other already established programs that had been proven effective.

Wadley says the DATE program came to the district in spring of 1989, but monies were not received until spring of 1990. It was then that Wadley was brought on board to manage that program. Wadley was instrumental in initiating the DATE program in her district, which has been in effect for a full year. As part of the process, she formed a large and representative task force advisory committee, comprised of staff, parents and students. The district's overall prevention/intervention program focuses on every grade level, but emphasizes prevention at the lower grades, and intervention at the middle and high school levels. Wadley explains that research has shown that this approach works.

A large share of DATE funds are being funneled into prevention programs at the lower grades, primarily concentrating on the "Growing Healthy" curriculum, and training parents to be partners in teaching the curriculum. "We planned this past year, and started out with

a pilot," says Wadley. This summer we're doing a lot of training of teachers and parents together as partners, and then we're going district-wide, K-6, with the "Growing Healthy" curriculum.

The district's upper grades are primarily geared toward intervention efforts. Middle grades offer the Quest curriculum — and the peer helping and conflict management programs are being expanded throughout the middle and high schools. Wadley is pleased with the way the peer helping program is being expanded. "One of my (beliefs) is that kids will turn to other kids before they'll turn to adults, so we have cross-age peer helping going on. We have in-school peer helping, and we're doing it in clusters, so that the high school students are counseling the middle schools, and the middle schools are feeding to the elementary schools. There's a real focus to that, and I'm really proud of it."

A good portion of the intervention funds have gone for community agency partnerships to provide counseling for families and students not only on the campuses, but to perform backup work at clinics. Student Assistance Programs (SAP) are being implemented on middle and high schools campuses.

Other than some policies outlined in the district's handbook regarding discipline, Wadley says that right now, the district's alcohol and other drug abuse policy is not comprehensive and varies from school to school. They are now in the process of developing a consistent, district-wide policy that deals with more than just discipline. "We've got our parents already set for that committee," she says. "We've got a student and board member set for that committee, so now we're starting next week to formulate district-wide policy. It's not going to be only alcohol and other drugs, it's going to be a comprehensive health policy."

COLLABORATION WITH OTHERS

Wadley believes that about a quarter of the district's monies and efforts in the DATE program have gone toward community collaboration that includes interfacing with counseling services, the Department of Social Services, Department of Mental Health, and an array of other community partnerships. The Success Team Schools, which Wadley says offer a unique feature of the district's program, are five schools in the district that offer a broad range of services focused on one school setting. They are directly involved in community collaboration, and provide services such as counseling through community agencies, intervention services from the private sector, and health centers.

The district has formed a partnership with the San Jose Medical Center, and has set up fully staffed satellites of the hospital on two of its campuses. It offers a full range of services, including child care, after school child care, pre-school care, health services, and all the basic health care. A child can go in and get a quick Strep test, find out if he/she has Strep throat, have medication ordered and it's all free, and counseling services as well. Wadley is hoping to expand the satellites to other Success Team Schools.

Another community collaboration effort is Project Inspire — a special business partnership in which businesses such as IBM send employees to the school sites for two hours a week to work with the children as role models and mentors.

Staff, students and parents are actively involved in various aspects of the prevention/intervention programs in the district as well. A parent training program for drug-free schools that's run by parents is set up to train parents to teach other parents. The district was also able to extend general awareness training for its staff for drug and alcohol prevention efforts to 27 of its 40 schools this year. The staff in turn, were able to train other staff. Students are involved in peer to peer work and conflict management programs, which Wadley says have proven the most successful strategies so far. Seventeen schools in the district have full-fledged conflict management programs run by the students. Wadley says "That's part of the broad brush of prevention, because when the kids can manage their own conflict, they're less likely to engage in high-risk behavior. So I think the strategy of having peers helping one another in this district is probably one of our most effective."

MEETING THE CHALLENGE

Wadley believes that attempting to approach substance abuse on a comprehensive level is a true challenge. Looking at the problem as only that of substance abuse, she says, is only looking at the symptoms. Other issues must be examined as well, such as how to create a warm school environment as a buffer for children who are increasingly facing colder home and community environments — especially in urban districts. "I believe that very deeply," she says.

Wadley, who has taught at all grade levels and has been an administrator for six years, sees alcohol and other drug prevention efforts continuing to primarily address only the symptoms, and not recognizing that problems in education are simply representative of problems in a larger society. "I see present political efforts and funding growing toward reacting to those symptoms with a war on drugs. There are glimmers that this is changing, and I think "Healthy Kids, Healthy California" is a glimmer. It was a glimmer of addressing the problems and no longer reacting to symptoms. Dealing with the core issues and looking at a multi-faceted approach of how to meet needs so that kids don't engage in high-risk behaviors."

EVALUATING PROGRESS

Since the district's prevention/intervention program has only been in full operation for a year, Wadley doesn't know if the staff will yet be able to determine whether it has affected usage. Staff collected data at selected schools through interviews, process evaluation, and program evaluation. While these efforts are based on some collection of data by students and the overall program, Wadley says they do not specifically and quantitatively address whether substance abuse has gone down as a result of these efforts. "That's the next step," says Wadley. "I'm toying with the idea, now that my feet are more on the ground in this job, of trying to do a district-wide survey, but I'd need help with that. It's a big project."

HAWAII

HAWAII STATE DEPARTMENT OF EDUCATION - HONOLULU, HAWAII

In 1986 the Hawaii State Department of Education began a campaign to put alcohol and other drug prevention/intervention programs in all of its public schools. Prior to that, prevention programs in the Hawaii school system had always been developed and implemented on a voluntary basis in both the public and private schools. Obtaining supplementary Drug Free Schools and Communities (DFSC) funding was a matter of each individual school submitting a proposal which met basic screening criteria. Many schools did not receive money because their proposals were not deemed adequate. The Honolulu Administrative recognized the need to have training and staff development available to help the schools obtain funding and implement their prevention/intervention programs.

Portia Wakuzawa is the Honolulu Administrative district's Education Specialist and is administrator for drug education programs in the district. It was her goal to get 100 percent of the schools to actively participate in submitting proposals, securing funding and implementing prevention/intervention programs. This required district staff to take a more aggressive role in expanding staff development for the schools. The result was that presently only about a half dozen public schools in the district have not applied for funding this year.

Although the district actively targeted the public schools, it also geared its campaign to the private schools. So far, participation in the private school is still nominal by their choice. "We do not have any real authority over the private schools, so all we can do is invite and encourage," says Wakuzawa. The district wide campaign for the public schools is mandatory. This district campaign initially focused on the elementary schools — primarily targeting the use of tobacco and alcohol because Wakuzawa says that those are the gateway drugs to which children are most vulnerable in the lower grades. Grades 4 - 8 came next because those are particularly vulnerable years. "Those grade levels really need an extra effort," says Wakuzawa.

Aside from her promoting the implementation of prevention/intervention programs in the district, Wakuzawa manages the program as well. Her duties include allocating resources, providing support services and consultative development. She and her team, which consists of two resource teachers, are responsible for implementing the program and making it work. Her district has a comprehensive alcohol and other drug abuse policy which covers possession and use for the students, and a no-use policy for the workplace that includes all personnel from the janitor all the way up to professional staff. The policies are based on public law.

When implementing policy and programs in the schools, the district focuses heavily on full community-based management (FCBM) — the premise being that the schools must take responsibility for themselves. This means that leadership — school principals — determine what their schools' program will entail. The district supports them by giving them information on staff development and training that they can attend, but each school is responsible for actually developing its own program. Staff development has recently been a major focus of the district because it is believed that this will empower the schools to do their own planning and implementation.

Schools are expected to determine how they will set up their own prevention/intervention programs and handle students who are caught using or experimenting with drugs or alcohol. Every K-12 public school has counsellors who play an important role in the intervention portion of the program. The district's role is to go back to the schools, identify their needs, and help them work out a plan. Every district has a special services office out of which they coordinate counselling and provide additional support services. The schools also rely heavily on public and private social service agencies. Wakuzawa says that district staff has made contact with every school to ensure that services are offered to everyone.

COLLABORATION WITH OTHERS

The district schools are directly linked to public agencies such as the police, health service agencies and the hospitals. Wakuzawa says that sometimes businesses in their area support them by providing either services or donations. The district's partnership with the police department has worked very well, and includes a program called "No Hope in Dope", which supports the schools. They are also one of the pilot sites for the DARE Parent Training in Collaboration with Honolulu Police Department, Parent Coordinating Network Centers - DOE and the Curriculum office. "This is our commitment to networking agencies and to the police department," says Wakuzawa.

EVALUATING PROGRESS

Because the district's alcohol and other drug abuse policy is public law, all incidents get reported in each school. This is how the district keeps track of incidents and can determine whether there is an increase or decrease in usage. The district also relies on the Student Use Survey conducted by Northwest Regional Laboratory every two years. Wakuzawa believes that it is too early to determine what effect the program has had on the students. "I don't know that we have instruments accurate enough to determine that. I also think to get accurate information, you have to do kind of an ongoing case study of the kids," she says.

IDAHO

BOISE PUBLIC SCHOOL DISTRICT - BOISE, IDAHO

The Boise Public School District's alcohol and other drug prevention program began three years ago, after the Northwest Regional Laboratory conducted a student survey on youth and their attitudes regarding usage. A comprehensive report was developed as a result of the survey, and served as a basis for the framework of the district's program. The report revealed pertinent information, including the fact that over 20 percent of the district children had started drinking alcohol prior to the age of 10. Information such as this gave planners strong suggestions as to what direction to go in developing a prevention program, as well as what kind of approach the staff would need to take to include parents in their prevention curriculum. Planners knew that parents would play a key role in prevention because they had found that most of the younger children were drinking their parents' alcohol.

The district's prevention/intervention program spans kindergarten through 12th grade, with a different emphasis at each level. Grades K-6 is more focused on prevention, while the upper grades are targeted more for intervention and support programs, including the Student Assistance Program (SAP).

The program focuses very heavily on curriculum and includes an at-risk identification program in grades K-3. The district also has a parents' education center, which is separate from the drug prevention program. This program is currently being augmented with a drug-free youth curriculum.

Lynn McClosky is the district's Substance Abuse Prevention Specialist. She is responsible for administering the alcohol and other drug prevention program for 25,000 students at 42 school sites. She has one half-time person who works with her who coordinates the parent program "Preparing for the Drug-Free Years," and one secretary. Although she is not responsible for on-site services, McCloskey trains teams and keeps them going, provides reports, monitors the program and makes the adjustments that are necessary, and networks with the community.

The district has a basic policy on alcohol and other drugs, which identifies the situational categories ranging from suspected drug use to a student being actually caught selling drugs at a school site. Each category is clearly listed on a chart, along with who should be notified for the infraction (parents, police, etc.), who does the investigation, what the resulting discipline will be, and whether rehabilitation is in order. Because the categories and actions are very clear cut, McCloskey says the policy initially had problems being accepted by many

school principals, but now that the policy is in its second year, things are running quite smoothly.

COLLABORATION WITH OTHERS

There are several community and agency collaborations with the district's prevention program. McCloskey is particularly proud of what came out of her district's collaboration with a partners in education program for volunteers. Together, they put on a conference to build a coalition on drugs and alcohol. The Treasure Valley Drug and Alcohol Coalition evolved from the conference, as did the Mayor's Task Force on Drugs and Alcohol. Just recently the task force put out its recommendations in several different areas such as law enforcement and education. In addition, Boise State University is opening up a resource center. All of these things came out of that one-day conference. McClosky also works closely with the health and welfare departments, and was appointed to the governor's commission on alcohol and other drug prevention.

McClosky says that the district's collaborative efforts try to include all populations in the community, but some groups are underrepresented, such as the homeless. She would also like to see more youth involvement with the drug and alcohol coalition. Parents are involved in the program in several ways, including a group called Partners in Prevention. In this program, parents agree to chaperon parties, check that the children are not drinking alcohol or taking drugs, and ensure that there are no drugs and alcohol in their homes. The first year of the program, there were 50 people. Since then it has grown to over 500 participants. McClosky says the last directory of participating members grew so much that it had to be broken into two books — one for junior high school and one for senior high. Parents also volunteer to work in the schools to coordinate informational materials for the staff on upcoming drug and alcohol awareness programs in the community, and drug-free activities for the students. Youth are involved in the Natural Helpers and Youth-to-Youth programs in the junior high and high schools.

MEETING THE CHALLENGE

One issue that McCloskey thinks the program has been confronted with from the very beginning is the fact that district is mostly white with a very small minority population, and it is difficult to find visual learning materials that are directed toward a white population. She says that most of the anti-drugs and alcohol posters and videos feature members of minority groups, which sends a dangerous message. "It was really difficult to find films and posters made for primarily a white population, says McCloskey. "We thought it was really important to (find them) for a couple of reasons. One was that we did not want people to see the problem of drug and alcohol abuse by adolescents as a minority problem, and also we wanted the kids identify with (the film or poster). So that was a unique problem for us." McClosky says that because Boise has a large Mormon and Catholic population, the district was also very careful to include various representative religious groups in the parent education component of the program.

EVALUATING PROGRESS

Assessment of the program is primarily done by keeping close records of incidents and discipline in the schools, and during school activities, drug and alcohol use. McClosky says she has seen those incidents shrink. So has the number of "keggers" (student beer parties) that McClosky says were very popular about three years ago. She says that police tell her that there are fewer keggers, and when they do have to break one up, there are far fewer youths in attendance. McClosky says, "We are seeing that within our own situation the number of incidents within the schools and at school activities of use of alcohol or drug use has decreased drastically and so have our suspensions. We did an analysis in February that showed there was a 72% decrease in suspensions for alcohol and other drug use in the last two and a half years."

MONTANA

BILLINGS PUBLIC SCHOOLS - BILLINGS, MONTANA

The alcohol and other drug prevention and intervention program in the Billings, Montana Public School District originally came out of a health curriculum in the elementary schools, and later expanded to the junior high and high schools. The district has had a full fledged prevention program in the K-12 curriculum for about eight years, and has a community task force that helps work on the curriculum. The task force is school-based and has a wide variety of community people on it.

According to Gary Rodgers, coordinator of the Drug-Free Schools program in the district, the group was instrumental in initiating the district's prevention/intervention program. Rodgers works three quarters of the time for the Billings school district, and spends the rest of his time working with a consortium of schools that represents 22,000 students and 17 school districts in his county. Billings has by far the majority of students — about 16,000. Rodgers is responsible for implementing the intervention and all of the other programs developed in his district except prevention. The prevention phase of the program is handled through the health curriculum.

The Billings School District has a comprehensive alcohol and other drug abuse policy that was developed in the early '80's. It is a far reaching policy that affects not only students but employees. The policy is in the process of being revised. "I think it was ahead of its time, recognizing for employees, for example, that (drug abuse and alcoholism) was an illness," says Rodgers. "They trained administrators for proper procedure in staff assistance rather than punishment." Rodgers believes that recognizing alcohol and other drug abuse as an illness and providing help rather than punishment is a highlight of the policy.

The district's prevention program, as mentioned earlier, is primarily curriculum-based, for levels K through 12. It employs the Drug Alcohol Resistance Education program, (DARE) which Rodgers helped coordinate throughout the entire consortium. The program has been offered for the past two years at the 5th grade level, and Rodgers believes it to be effective. The district's prevention program is constantly being revised to meet the needs of its students.

COLLABORATION WITH OTHERS

A community focus group representative of most of the areas and organizations in Billings has helped guide the prevention/intervention program so that it includes all of the populations in the community, including young people, ethnic groups, the homeless, and low income people. The community group is comprised of people from education, law enforcement, business, the medical community, social service agencies, and parents.

Staff members are actively involved in the programs as well as the parents. Parents serve on the task force and committees and have some participation as volunteers in the intervention programs. The district constantly revises its curriculum and receives feedback from community people as to how effective it is. Students are also very active in the high schools as role models.

EVALUATING PROGRESS

The district participated in a state-wide study (the Montana survey) on alcohol and other drug use and attitudes towards use this year, but hasn't received the results yet. In 1988 they did an extension survey of students in the entire consortium. The follow up has been through the Montana survey, so coordinating some of the data has been a problem. The consortium plans to select an instrument and do a biennial survey of representative samples of use and abuse from all schools, which Rodgers believes has never been done before. District staff also uses their own evaluation instruments to gather information from the intervention programs in order to see what students think are the most effective programs.

Rodgers thinks that the program is gradually making a difference. The district ran a study on a control group of students; in one group there were 600 who had DARE, and in the other 600 who didn't. They followed-up the students the next year, and there were significant indications that the youngsters who had received the DARE had different attitudes from those who didn't. Rodgers says "I think the real proof is going to come about six years from now when we are studying 12th grade students who have had DARE and these other programs, and see if there's any change in data from 1988. That'll be the proof. But there seems to be a real change, and it's not something we've directly measured in attitude, even in adults, that there is a problem, and that it needs to be addressed.

GREAT FALLS SCHOOL DISTRICT - GREAT FALLS, MONTANA

About ten years ago in Great Falls Montana, a community-based network of parents, organizations and service agencies formed an organization called the Alliance for Youth. The group came together because they recognized a need in their community for interacting with young people who had access to alcohol. This broad-based community effort was comprised of parents, parent groups, law enforcement agencies, social service representatives, the PTA and PTO (Parent Teacher Organization), tough love groups, and the Red Cross. The alliance was the initial start of alcohol and other drug prevention/intervention efforts in the Great Falls School District, and proved instrumental in establishing the district's program.

The district's current SAP program started out at the junior and senior high levels in 1981 and now has a full fledged Student Assistance Program (SAP) for grades K-12. In 1981 the program started out serving 400 students in support groups; it now serves 2,005 in student support groups, or about 14% of the total students in the district. The tremendous growth was an indication that the program was being accepted by the students.

Jim Gamell administers the prevention/intervention program for the district. All primary and secondary programs in the schools report to his office, as do the Drug and Alcohol Coordinators for the programs. Gamell is responsible for coordinating all grant activities and evaluating results of the program. He is enthusiastic about the program, and feels that it is successful. "(The students) now have a place to go and the program is effective," he says. "We're seeing a drop in use. That's a testament to our partnership," he says, referring to the Great Falls School District and Alliance for Youth.

The curriculum program currently in place in grades K-6 is called "Children Are People." At the 7th and 8th grade levels there is a "Family Living" component in the overall health curriculum. Gamell notes that a major drawback of the program is that there is not enough integration of the curriculum at the secondary level. He is, however pleased with the Student Assistance Program, which focuses on prevention and early intervention for elementary, junior high school, and early high school levels. A weak spot in the parent program is that there is nothing in place in the curriculum for the 11th and 12th grades. It is scheduled to be infused into the curriculum this year.

In the elementary SAP, each child is given the opportunity to sign up for a support group at the beginning of the school year, although referrals to groups can take place at any time. The children indicate their interest by simply checking certain boxes on a form that explains the program to the parents. The Student Assistance Program at the middle school level is a form of early intervention, but a wide variety of other support groups exist such as Grief Loss Groups, Divorce Groups, and Relocation Groups. SAPs in the junior high and high schools are excellent and according to Gamell, although the focus is alcohol and other drugs, there is an attempt to provide a broad brush approach to go beyond intervention into other "growth" areas.

There are many other anti-alcohol and other drug efforts that are going on in the district, including Red Ribbon Week, which is coordinated throughout the community, as well as in the schools. This fall, the district plans to focus on the REACH and LIFER's programs, which support the partnership between the district and Alliance For Youth. The program is open to everyone, and Gamell says that the district has made a concerted effort to involve all populations through published announcements and other publicity.

The district has a comprehensive alcohol and other drug prevention policy in place, which Gamell characterizes as a policy that is administered fairly, and uniformly to everyone. "I would say uniformity is the key feature," he says. Children who are found with drugs or alcohol in their possession all go through the same process, with no distinction made between drugs or alcohol. There is a buy back feature for suspension. Students are suspended for a year for using, however, they can buy back the privilege of extra and co- curricular activities by attending an insight class. They can then buy back into school within thirty days. If they are caught using alcohol or other drugs outside of school in the community, the penalties for infractions are uniform, with the probation office and the courts all working together. The same judge hears the cases, and all infractions are handled by the same office in the probation system. Also, referrals are made to the CARE program. The district recognized

the need for assessing its program, but Gamell says that takes money. A PRIDE survey has been used to determine whether the program has had an impact on reducing alcohol and other drug use, or attitudes toward use. The survey showed that fewer students in the school district were having a problem primarily with alcohol.

Gamell says that the alcohol problem in the district is indicative of a problem that the entire state of Montana is having. The survey identified alcohol, beer, wine and marijuana as the drugs of choice among young people. Gamell says district staff saw a decrease in the use of all of these except for hard liquor. What is also significant, he says, is that they also saw an increase of 32-35 percent in the number of students who had never used. Even so, he cautions they are still above the National Average, which is the highest number in the state. Although there is a decline in use among 11th and 12th graders, they are also seeing earlier use patterns and major problems at the junior high and early high school level. He says that the ability of a program using such a large volunteer component to impact 12,500 students in nine years is unique. Long time volunteer Darlene Meddock says that she herself has been involved and has been designated as the national representative from the state Red Ribbon Week campaign.

COLLABORATION WITH OTHERS

Meddock sees attitudes changing towards the program and a new cooperative spirit emerging. She says, "For us to get to this point has taken commitment and hard work, despite the frustration — and the school board has been the key. We're seeing a definite change from extreme negativity to one of caring and concern and respect. Both teacher and students report that there is respect for one another. That is new. People are beginning to care for one another, are supportive of one another. The new atmosphere in the schools tells it all. It's a user friendly environment; teachers like kids, kids like their teachers, there is less graffiti, less foul language in the halls. We're serving 12,500 kids in the district and of those kids 2,005 kids are in (support) groups. That's more than any other year."

EVALUATING PROGRESS

Jim Gamell added that the program needs to do a better job of evaluating their program. At the present time besides the PRIDE survey the district will be using the Montana Youth Risk Behavior Survey which has been formulated through the efforts of the Montana Office of Public Instruction and the Montana Board of Crime Control.

This district is also working hand in glove with the Western Regional Center in designing an effective evaluation of their program efforts.

NEVADA

CLARK COUNTY NEVADA SCHOOL DISTRICT - LAS VEGAS, NEVADA

Substance abuse prevention has always been a part of the curriculum in the Clark County, Nevada, School District. The district, the eleventh largest in the U.S., serves several cities and rural areas in Nevada, including Las Vegas. In 1977 the district began the Student and Parent Drug Intervention Program. Six years ago it hired a part-time substance abuse specialist, and later the position was made full time. The team has now grown to six staff members and two support staff. The substance abuse team specialists are responsible for identifying the district's needs regarding alcohol and other drug abuse. The team is responsible for assisting the Clark County School District in establishing and maintaining comprehensive, effective, age-appropriate, community-wide, substance abuse prevention/education programs. The team is also responsible for staff development, identifying new programs, and expanding the present program.

Ron Ross, the Clark County schools' Prevention Coordinator, says the major expansion of the district's program came with the Drug-Free Schools funds. The program was planned to be implemented in three-year cycles. The first phase of the program focuses on updating the district's curriculum and infusing alcohol and other drug prevention information. The second phase emphasizes staff development and the final phase implements action plans and develops support materials.

Dr. Monte Littell, Assistant Superintendent, Curriculum and Instruction, is responsible for managing the Drug-Free Schools program for the district. Dr. Littell works through an ad hoc committee that has representatives from all of the other district's divisions. The committee plays a supportive role by approving or rejecting program ideas.

Alcohol and other drug prevention education in the district is infused in various courses at different grade levels. The program includes all grades from K-12, but leans more heavily toward the elementary grades. There are several components of the district's prevention/intervention program, including education and prevention assistance, staff development, curriculum development, mini-grants to schools, needs assessment, student surveys, and private school funding. The Lion's QUEST program, Here's Looking at You 2000, Just Say I Know How, student development programs, and other existing program support are all part of the district's site-specific program. Counseling services include group and individual counseling, a counselor re-entry program, in service training for counselors, staff development, parenting skills classes, and an instructional resource library. There is also a commu-

nity network, which includes ongoing communication with the community, a community hotline, and a community coalition.

Students Against Drunk Driving (SADD), Just Say No Clues, Drug Alcohol Resistance Education (DARE), an athletic program, student-parent drug intervention program, and peer presentations are other programs and activities that students participate in through the district. Ross says that DARE was present in the district before the introduction of Drug-Free Schools funds, and is now in about half of the district's schools. QUEST is in about 1/4 of the elementary schools and 1/3 of the junior high schools. Here's Looking At You 2000 (HLAY) is in 54 schools at the 2nd and 4th grades.

Parent participation includes the Student Parent Drug Intervention Program, which has sessions on communications and attitude clarification, parent drug/alcohol information, student self awareness, legal issues of drug use and abuse, and community resources and alternatives. Students apprehended on campus for a suspected drug/alcohol offense may be referred to this program to attend with their parents four weekly sessions lasting 1 1/2 hours each. There are also parenting brown bag classes, and a Wednesday evening and Saturday drug awareness program. The PTA is also important in the district and the superintendent attends the Area Council meetings. The organization has a student on the local advisory council and sponsors a youth conference each year. The district recognizes the need for the community to develop more positive drug-free activities.

Aside from student and parent involvement, approximately 500-800 teachers have been through the TRIBES training.program.

The Western Regional Center For Drug-Free Schools provided inservice for the district's policy development. This resulted in the district having a comprehensive policy and procedures for staff to follow. The policy includes sections on weapons, unlawful drugs, alcoholic beverages, possession, tobacco, and disruptive behavior in the schools.

COLLABORATION WITH OTHERS

Ross says the district's community collaboration efforts represent all of the populations in the community. There is a local advisory council which includes local representatives. This year, the Clark County Community Coalition on Substance Abuse was established to develop a strategic plan for the establishment of a coordinated system to alter the effects of substance abuse in the community. The coalition includes representatives from business and industry, media, law enforcement, education, government and social service providers. The Western Regional Center provides technical assistance to the coalition.

Because Las Vegas is a 24-hour community, it requires a unique approach. Staff development must be conducted at flexible hours, and the district also has several alternative programs including a high school in the evening (Sunset High) and an alternative high school for high risk students (Horizon High). One of the local treatment centers has a program where they pick up children after school and keep them until 9 p.m. when their parents pick them up.

MEETING THE CHALLENGE

Ross says that the size of the Clark County School District presents a challenge. There are 16 senior high schools, and some are 80 miles apart. This often makes it difficult to get an agreement on a comprehensive, district-wide program.

There are also frequent staff changes, which result in fading interest in the programs and burnout. The district provides on-going staff development to train new staff.

EVALUATING PROGRESS

To ascertain whether its program is effective, the district participated in the Nevada statewide student use survey two years ago, and will do it again this coming year. It also relies on informal evaluations of students provided by staff.

In addition to the statewide student use survey, each component of the district's program is evaluated. Process information about these components is collected. Every new program is evaluated with a pre/post test.

WASHOE COUNTY NEVADA SCHOOL DISTRICT - RENO, NEVADA

Since 1986, Susan Doctor has been Program Coordinator for the Washoe County Schools Prevention Program in Reno, Nevada. Doctor, who has been with the Washoe County School District since 1972, says the district has had a prevention program, and drug and alcohol program coordinator since 1974. She was instrumental in setting up the district's current program, which began in 1986 when Drug Free Schools and Communities money became available. Before Doctor came aboard in 1986, she says that the school district had already laid a strong foundation for a prevention/intervention program, so she didn't have to start the current program from the beginning. There was already a curriculum for kindergarten through 12th grade in place, and there was an administrative policy that dealt with possession and children being under the influence in the classroom.

Doctor's program builds on that foundation and is targeted for all of the school district's 40,000 students, in grades kindergarten through 12. She says their program tries to incorporate as much prevention and intervention as it possibly can for each student, and involves two core programs — the Student Assistance Program geared toward intervention and Action Planning, which is geared toward prevention. All of the other prevention programs and activities in the school district revolve around those two primary areas.

The Student Assistance Program (SAP) has already been implemented in the secondary schools, grades 7-12, and, is presently being piloted in four schools at the elementary level. Doctor says that by next year, the number will grow to 21.

"I want to move slowly with (the elementary schools) because I want to make sure that everybody gets the training they need. I think at the secondary level, looking back, we went

too fast and there were a lot of things we had to do backwards. With the elementary program, I am trying to move slowly enough so that they're prepared when they start."

Doctor says that over 1,946 children went through SAP in the schools last year. The elementary program focuses on preventive intervention — especially with high-risk children — and mentoring classroom activities.

As part of the intervention course, there is also a disciplinary phase that regulates how students who are found to be under the influence or in possession are dealt with. Doctor stresses that in the program, training is extremely important. Hundreds (or maybe "At least 1000....) of staff in the district have been trained and encouraged to go back to their buildings and actively participate in their prevention activities. Parents have their own groups where they receive training and become involved in school programs, and at the secondary level, students serve on student action teams, where they go through training and write their own plans for prevention activities. Doctor believes that this is a unique feature to the district's program.

COLLABORATION WITH OTHERS

Doctor encourages people from the community, including parents, to sit on all of the program's prevention core teams. Core teams are comprised of community and building people. She feels that this kind of joint participation pulls people into the whole prevention/intervention environment and makes everyone feel responsible and a part of it. On parent action teams, parents also go through training and are given the option of writing their own plans. The community people involved in these efforts represent a cross section of the population, including a large Hispanic population. "Some of our schools are 35% non-English speaking," she says. "I have a Spanish translation of curriculum, and (Latinos) are also represented in terms of planning. But what we try to provide is across the board — for everybody. We focus in on everybody that we possibly can." That "everybody" also includes members of the public and private sectors and social service agencies. She says that one of the schools that piloted the SAP developed the Child Protection Team, which is a group of community agency people that meets once a month. It is a program in which people from Social Services, the police department, the juvenile division and other different agencies come together to discuss cases, and interface with resources.

Another program, which Doctor says is not a part of the program but is in WCSD is Partners in Education — businesses who adopt schools.

The schools work with their business partners to help subsidize programs and to help with community relations activities. Doctor, who sits on several community task forces, says the community recognizes that it has a problem with alcohol and drug abuse, and is tremendously helpful in terms of moral and financial support.

Doctor believes that the program's comprehensiveness and its level of student involvement makes it stand out from others. "We truly touch every base that we possibly can. I think that one of the things that is unusual is the student action teams. The kids are involved. They're clean and sober. They're not necessarily recovering; they're clean and sober and

involved in the prevention activities. I think what makes us unique is that we have such an extensive program. We have so many things happening."

The program offers many activities for students to become involved in, including a peer counseling program in one of the schools. In addition to the prevention activities in Doctor's program, there are other programs and organizations that students participate in, including Students Against Drunk Driving (SADD).

Doctor says that the prevention teams have been very successful. "Kids are funny with education. They think we're not going to let them have their own ideas. And obviously, within parameters, they write their own plan. Then, of course, they have to carry it out. So they're doing some really amazing things."

MEETING THE CHALLENGE

One of the biggest challenges facing Doctor is that after struggling to get a strong program going in a school, she often has to reorganize because of staff changes. "People retire, transfer, leave town, and change school sites. We get a real strong program going in a building and then half the team is somewhere else the next year. We have to start all over again. And that has been a real challenge to me." She says it's one of her major frustrations.

Although many legislatures and boards are presently cutting back on funding, Doctor says that is one challenge that she, fortunately, does **not** have to face. "There's a lot of money coming out of the general fund into the Substance Abuse Program and I've had additional grant monies, and gifts and donations from the communities. The Governor recommended that a million dollars be put into the budget for the Substance Abuse program in the state."

EVALUATING PROGRESS

Doctor has different methods of evaluating how her program is working. She says she often relies on the results of a State Department of Education's alcohol and other drug program evaluation that comes out of Western Center bi-annually. She has also worked with a statistician at the University of Nevada to develop evaluation data. Over the years, the information accumulates and is kept on a computer. It is mostly comparative data dealing with numbers, kinds of referrals and what they're for, community referrals, and what is being done in-house. Every year she asks the school sites to do an end of the year report, letting her know what they have done, whether they had to change their plans, etc. Doctor herself is evaluated by the district.

Ideally, Doctor would like to see more positive environments created in which students feel comfortable being clean and sober. "The kids tell me one of the best things about the prevention things at the high school level is that if they don't want to use (drugs or alcohol), there's a really neat group of kids they can belong to that doesn't use. Now I think that's going to continue as long as the momentum continues."

OREGON

PORTLAND PUBLIC SCHOOLS - PORTLAND, OREGON

Drug and other alcohol prevention efforts have come a long way in the Portland Public Schools since 1983. It was then that a school board member became interested in this issue and arranged to get a resolution passed that required the superintendent to appoint a citizen's task force to study the alcohol and other drug issue, and determine whether district had a need for a prevention program. Dr. Marilyn Richen was assigned to this task force, which eventually recommended to the Board of Education that an alcohol and drug program should be established for all grade levels in the district.

The Board accepted the report, and after a few months created a Coordinator position, which Dr. Richen filled, and allocated a small budget to start delivery and implementation of the program. "Whenever I get discouraged I think about the resolution, because what you have to realize is that in 1983 we didn't even understand that there was a problem," she says. As Coordinator for the district, Dr. Richen administers the budget, supervises the staff, develops programs and grants, and is responsible for planning.

She says that every year since its inception, the program has expanded in terms of resources — initially through the general fund, and later with Drug-Free Schools and Communities funding. Drug-Free Schools money enabled the program to build up its model to include all of the middle and high schools and a few alternative schools.

The initial program began by targeting high schools that were interested, and then moved into the middle schools. She says there had always been a curriculum in the elementary schools, but next year will be the first time that the program will feature components other than just curriculum. Presently all of the elementary schools have child development specialist programs and counselors who have been trained by district staff. Many of them facilitate support groups such as Children of Alcoholics (COA).

Dr. Richen believes that her district's recently revised drug and alcohol policy is unique because of a strong discipline component that has been added, which provides consequences for students who violate the policy. She says the policy stresses keeping students in school whenever possible, and providing services to the violators. This may include having the offender participate in a special drug education program or receive treatment as part of the disciplinary phase of the policy. Dr. Richen says the policy is very firm and inflexible and is mandated for grades K-12. A history is kept on each offender the violator over a three year period, and the consequence depends on how many violations have been committed. Dr. Richen says that because the policy is so strict, it has been rather difficult to implement,

but she is pleased with the policy. She says, "I think the new discipline policies are quite remarkable simply because of the fact that we were able to adopt them, and they exist. I think that it will be a year or two from now before we will really know whether implementation of the policy works."

COLLABORATION WITH OTHERS

Much of the collaboration that presently exists with the community and different agencies is a result of the initial community-based Citizen's Task Force. "We used that model in the early years of the program when we went into actually developing programs and services," says Dr. Richen. An advisory committee of the task force was set up to help develop program components. Many of the committees and subcommittees remain, and there is still a lot of community input.

MEETING THE CHALLENGE

Meeting the needs of all of the students in a culturally, ethnically, and economically diverse district is one of the program's biggest challenges. Dr. Richen and her staff have mulled over this issue for years, and have held forums to discuss culturally specific approaches to prevention strategies. "We've been tracking our data and analyzing it to look at patterns of services and things like that, and we've been struggling with what we are doing and whether we are doing the right things."

The program is also attempting to include groups that are not in the mainstream. The district recently wrote a grant that will increase involvement with an outreach and placement program that helps children of homeless parents. It is also trying to expand involvement with a fetal alcohol syndrome program, and a children born to drug-using mothers program.

EVALUATING PROGRESS

A keystone of the Portland Public Schools' prevention/intervention program is its assessment services, which Dr. Richen believes is extremely valuable. She says that in the second year of the program, the decision to contract with the Northwest Regional Educational Laboratory (NWREL) to evaluate the program was instrumental in gaining board support and had a tremendous impact on the program. The district contracted with NWREL for two consecutive years. The drug and alcohol survey conducted in the first year became the basis for much of the program activity that school site prevention programs presently do. In the second year of the program, a student database was developed, which Dr. Richen believes is a prototype for the database work that NWREL does now. The program also develops an annual report which provides results to the Board of Education. Richen says that data from these evaluations and reports captures the board's attention and allows the program to secure more resources. Even when the results of the evaluations are negative, Richen says they often lead to positive results. She cited an instance where her program presented data from three years worth of annual reports to the Board of Education. "They realized they were spending funds and not really seeing the results they were looking for. Giving them such negative information was a fairly courageous thing to do, but as a result a board committee was appointed to review the model being implemented, and to develop and adopt a revised

plan. Nineteen ninety to ninteen ninety-one became a year of substantial change for our program." These changes included new board policies, and half time staff at the high school level.

In assessing whether the program is creating positive change, Dr. Richen sees cause for optimism. "My sense is that we are making some progress in prevention. Staff at the middle schools will tell us that kids come from elementary school with much more information related to alcohol and drugs, and have many more negative attitudes towards alcohol and other drug use. I really believe that's not just an accident, it may be partly what's happening in society as a whole. It's also partly because we're delivering curriculum and being much more direct about issues than we used to."

WASHINGTON

SEATTLE PUBLIC SCHOOL DISTRICT - SEATTLE, WASHINGTON

The Seattle Public Schools' prevention program serves 64 elementary, 20 secondary, 5 alternative, and 5 interagency schools, representing a widely diverse racial and ethnic student population.

The district tries to equally distribute the program's services throughout all grade levels from kindergarten through 12th. The program's primary target is drug and alcohol prevention for at-risk students. In addition to dealing with drug and alcohol issues, the program tries to train staff to identify at-risk students, which requires special insight. At-risk students may be those identified as having reading, academic, or behavioral problems; children living in chemically involved homes; and those who seem to be angry or in pain. Those, essentially, are the children whom the program is trying to reach, at as early an age as possible.

Linda Mundinger is the district's Program Assistant. Her responsibilities include assisting with the facilitation and implementation of the program in all grades kindergarten through 12. She also assists in hiring and evaluating staff, and is responsible for curriculum development, technical assistance, training and staff development.

The "Here's Looking At You 2000" program has been the Seattle school district's officially adopted K-12 prevention program for the past several years, and is supplemented by host of other curricula. Mundinger says the "Here's Looking at You 2000 program is being used more consistently, but is not a mandated curriculum. The district has also installed the Drug Alcohol Resistance Education (DARE) program in the elementary and middle schools from grades 4 through 8. Mundinger says that part of their Drug-Free Schools money is also being used on intervention efforts, such as having a drug and alcohol intervention specialist and intervention teams in the schools. Mundinger says that she is seeing more of the elementary schools becoming involved with intervention. "They are beginning to recognize that kids are living in very abusive or chemically dependent homes... So it's gaining ground and there are more and more schools putting together elementary intervention teams." The district's alcohol and other drug prevention policy focuses on staff as well as students, and separates drug and alcohol usage from drug and alcohol education.

COLLABORATION WITH OTHERS

Mundinger says the district's collaboration efforts are extensive, and include nearly every community-based agency. "Looking at the cultural diversity in our community, we've had a number of trainings specifically related to a particular group or culture, such as for our Asian population. There have been a couple of trainings specifically dated to the Asia/Pa-

cific Islander population." We've had an African American Crack Cocaine Conference in collaboration with our community agencies; and we also had a community retreat with 50 people from the community, at the University of Washington."

The program has also developed a Drug-free Zone project in collaboration with the city of Seattle and the police department. Mundinger says it has really done a lot to get people involved in the community. The project is in collaboration with business, school and community agencies. "I feel that a lot of principals feel that businesses and people in the community are a wonderful resource for them and working with parents," Mundinger says.

The staff is involved in supporting team and prevention activities in the schools, including coordinating health fairs, assemblies, and Drug-Free Awareness Week. Parent participation varies from school to school, says Mundinger, and they tend to be more involved at the elementary level than in the secondary schools. She also believes that not having neighborhood schools hampers parent participation somewhat. She has found that offering programs in churches that are based in the neighborhoods has been successful.

SUCCESSFUL STRATEGIES

Mundinger is proud of the multi-cultural work that the program staff does and feels that it is a unique feature of the district's program. The Here's Looking At You 2000 curriculum has been translated into seven different languages, including Spanish, Japanese, Mandarin Chinese and Filipino, to accommodate the students. Curriculum development has been centered around multi-cultural issues, and many staff members have developed programs to specifically meet the needs of the student populations in their schools.

MEETING THE CHALLENGE

Mundinger says that the size and magnitude of her district and the small number of people who are driving the program presents a big challenge. Tied into that, is trying to serve students with such a large ethnic and cultural diversity. Many students do not speak English, and many do not immediately bond with the school because it is not a part of their culture. In addition to the curriculum, some of the program's specialists have been offering parenting classes in native languages and have interpreters who come in to translate the materials. "We utilize our resources and try to reach out to people," says Mundinger. "It is a matter of a little at a time learning and educating each other about the different cultures and then figuring out what can we can do. We identify the schools that have those larger specific populations and then try to reach them. That part of it is overwhelming, because there are so many students. You have to rely on the teams in the schools, and the specialist can't do it all."

EVALUATING PROGRESS

To evaluate how the district's program is faring, Mundinger says they contract to do a student youth survey, and have just released the results of their most recent survey. She says the program has noticed a gradual decrease in usage since 1989 which was the first year they did the survey. Each year it has gone down, and has significantly dropped in the 8th grade, which Mundinger says she's very proud of.

She believes that attitudes are changing overwhelmingly towards abstinence, and students are embracing it more. "I get the feedback from the specialists that (drugs and alcohol use) doesn't seem to be the cool thing to do as much as it used to be. There seems to be a permission not to use and not be a total nerd if you don't." Proof of this, she says is increasing student participation in anti-drug and alcohol activities. She says one school in her district started out with five students in a Students Against Drunk Driving (SADD) club, and now they have 200. There is also a large demand for "Hugs Not Drugs" buttons among students. They also want to participate in other extra-curricular activities, such drug-free zone rallies in their schools, and the tobacco-free teens curriculum group.

"I've been involved in education since 1970, and I've seen the full spectrum," says Mundinger. "There is definitely a change. It's a start. I feel much more confident in this program and the direction it's going."

SPOKANE PUBLIC SCHOOLS - SPOKANE, WASHINGTON

In 1983, the Spokane Public Schools officially launched its prevention program when the "Here's Looking at You 2000" curriculum became a part of the school's health program. Following that, in 1986-1987, a program out of Minnesota called Operation Aware, was introduced. It focused on grades 4, 5, and 6, and reinforced the "Here's Looking at You" curriculum. Later a Drug Alcohol Resistance Education (DARE) program was established to raise the awareness of 6th grade children. Operation Aware was later expanded to focus primarily on grades 3, 4, and 5. The district also recognized the need for an intervention model at the junior high level, so it added refusal skills for 7th and 8th grades, and plans to extend that program even further. Overall, the program basically emphasizes prevention for grades K-12.

Program implementation is a coordinated effort between Scott Stowell, who is primarily responsible for the schools' health program which he started in 1983, and Richard T. Pelke. Pelke is Coordinator for the Drug and Alcohol Program in the district. He oversees all of the federal drug and alcohol grants in the district. The program receives money from the Ominbus Bill and the Drug Free Schools and Communities (DFSC). Pelke says, "I reinforce (Stowell's) efforts through the judicious use of Drug-Free Schools monies. The principals are then responsible for giving it a fair shake in each of their buildings." Since the program is curriculum based, each principal has primary responsibility for the program in his or her building, where it then becomes the primary responsibility of the classroom teachers.

Pelke says that his district's prevention/intervention program was more of a positive response on the part of the community to certain needs that had to be met, rather than a reaction to crisis. The community recognized that there was a need for that kind of program, and today the district's efforts are supported by many activities throughout the schools.

The main feature of the district's comprehensive alcohol and other drug abuse policy is that there is due process, and that there are alternatives to punishment. On a first use incident,

a student has a choice of either taking the consequences or accepting an educational intervention. This intervention may involve both the student and the parent. A student can also agree to undergo appropriate assessment and treatment. Decisions are guided by trained counselors who can assist students to consider their choices. "That's the key," says Pelke. "The policy is supportive rather than punitive. Students and parents are given choices." There are 18 substance abuse intervention specialists on staff who are who are knowledgeable about drugs and alcohol, and are able to counsel students about substance abuse. Children are given options for help, and parents are also involved. It is up to the parents and students to make a decision together. The district also has a drug free workplace policy for staff.

As far as the district's prevention/intervention programs are concerned, they are almost entirely curriculum based. The district is in the process of developing a Student Assistance Program (SAP), at the elementary levels. Pelke feels that the district has a good overall program, but cannot afford to rest on its laurels. The district is presently attempting to infuse alcohol and other drug prevention into the general curriculum. There are drug and alcohol units whichare infused into the district's core curriculum, including the Science program, Home and Family, Home Economics, Business Education, and English classes.

COLLABORATION WITH OTHERS

The district collaborates with The Community Mobilization Against Substance Abuse Task Force, which is comprised of agencies that conduct program assessments, and provide treatment. This community advisory group meets three or four times a year, and has done a lot of parent training and encourages parent involvement. Pelke agrees with this concept because he believes that parents are the key element in intervention. The district program also keeps a running dialogue with law enforcement officials.

EVALUATING PROGRESS

On a yearly basis the district measures the outcomes of its curriculum through the use of a alcohol and drug survey. It relies on data from its survey to assess whether there has been a drop in suspensions and referrals, discipline reports, and other usage related incidents. These conclusions are preliminary, but Pelke thinks he is beginning to see things turn around. "Consumption is less, individuals seem to drink more, but in general there is a drop in age groups using. It's no longer fashionable to drink or even smoke. Kids now openly belong to no use clubs. Before they would be laughed at. That's a change." Unfortunately Pelke laments that he has not seen such a change among adults, and looks that as another challenge on the horizon.

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